



**TENNESSEE DEPARTMENT OF CORRECTION
REHABILITATIVE SERVICES**

**TENNESSEE SEX OFFENDER TREATMENT BOARD (TSOTB)
- QUALITY IMPROVEMENT MONITORING (QIM)**

Provider/Agency: _____ **QIM Date** _____

NO.	ITEM	COMP.	NON COMP.	N/A	NOT EVAL	COMMENTS
1.	A case file is present for each offender in treatment for the past 12 months					
2.	Invoices submitted to the TSOTB for offenders in treatment correspond with services provided as documented in the offender's file.					
3.	A written treatment plan is present for each offender reflecting at a minimum, start date of treatment, frequency and modality of treatment, treatment goals and their relationship to the offender's risks and needs.					
4.	Documentation of an initial or provisional relapse prevention plan is present in each offender's file.					
5.	Psychosexual evaluation/risk assessment is present for each offender in treatment for over 30 days. Evaluation for each offender resulting in invoices to the TSOTB shall be verified.					
6.	Treatment provider will have evidence of current state licensure as a mental health service provider. If a provider is not independently licensed, proof of supervision by an appropriate independent practitioner will be required.					
7.	Documentation illustrates that provider is utilizing sex offender specific treatment modules such as : a) Cognitive Restructuring b) Relapse Prevention c) Empathy Development d) Victim Impact e) Anger Management, etc					

NO.	ITEM		COMP.	NON COMP.	N/A	NOT EVAL	COMMENTS
8.	For indicated cases, documentation denoting utilization of a minimum of covert sensitization and verbal satiation behavioral interventions within 8 months of treatment initiation.						
9.	Documentation denotes that communication between the treatment provider and community supervisor has taken place no less than on a quarterly basis.						
10.	Evidence that group therapy is primary modality of intervention and is taking place 3-4 times per month. Exceptions to a group process are acceptable under extenuating circumstances.						
11.	If reunification is an option, there exists documentation that reunification protocol is being followed as adapted by the TSOTB.						
12.	Documentation denotes that communication between the treatment provider and community supervisor has taken place no less than on a quarterly basis.						

_____	_____	_____	_____	_____	TOTAL
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

Inspector

TSOTB Board Chairman